

P984467
B25833400025

Secretary
Federal Trade Commission
Room H-159
600 Pennsylvania Ave. NW
Washington, D.C.
"16 CFR Part 453"

Gentlemen:

Please note:

I started with 2 pre-paid funeral policies from the 1930's or 40's, Policies # 135121 and 135122 with Delta Life Insurance Co. They were pre-paid funeral for \$300.00 each. One on my mom and one on me. I decided to buy upgrades because my mom wanted a better coffin. And I wanted cremation. Resulting in the attached documents. A

My mom has since died resulting in the other attached documents. B

When I went to make the burial arrangements at Schoen Funeral Home - 3808 Pontchartrain Dr. Slidell, 70458 I spoke to funeral director Susan Provetero. She informed me that I was charged far too much on the upgrades. After the funeral I complained and got some satisfaction

Actually the only difference should have been the difference in the price of the coffin which was \$1895⁰⁰ when I purchased the up grade. As you can see in the final bill the coffin is \$2,521.00. Plus a bunch of other charges which was probably pre-paid in the Delta policy.

Now as far as my policy goes. I was told that I was overcharged at least \$1000.00. I asked for that back and was told I couldn't recover that until I died? I told them I was over charged and I wanted the money back. They just blew me off.

Can you help me.

Sincerely,

Pete Van Woosberge Jr.

3878 Riviera Dr.

Slidell, La. 70458

504-641-3069

Pete Van Woosberge, Jr.

3878 RIVIERA DRIVE

SLIDELL, LA 70458

ADVANCED PLANNING OF LOUISIANA INC.

Funeral Prearrangement Contract

Funeral Service Arrangements for: (Insured) Leomic VAN WAESBERG
 Street 3878 Riviera Dr. City SLIDE State LA Zip 70458
 Phone (504) 641-3069 Date of Birth 8/18/15 Sex F Age 81 Height 5'7 Weight 125
 Charges are only for those items that you selected or that are required. If Provider is required by law or by a cemetery or crematory to use any items, we will explain the reasons in writing below. (NOTE: Items below marked "N/S" are not selected.)

The Designated Funeral Home "PROVIDER" IS Schoen
 Street 3827 CANAL ST. City NEW ORLEANS State LA Zip 70119
 Phone (504) 482-2111

Basic Services of Director and Staff \$ 1,185.00
 Other Professional Services (specify):
ACARE CAS KETINS \$
B. SANITATION \$ 360.00
 *Embalming \$ 295.00
 Other care of the Deceased (specify) \$
 Funeral Home Facilities and/or Staff Services:
 A. Viewing/Visitation \$ 150.00
 B. Funeral Home Ceremony \$ 495.00
 C. Funeral Service/Other Location \$
 D. Memorial Service \$
 E. Graveside Service \$
 F. Other (specify) ACCOMMODATIONS \$ 55.00*
 G. Other (specify) D/C (4) \$ 20.00*

Transportation Equipment & Drivers:
 A. Transfer of Deceased \$ 210.00
 B. Funeral Vehicle/Hearse \$ 210.00
 C. - Limousines \$
 D. Utility/Service Vehicle \$ 75.00
 E. Other (specify) \$

Casket General Description:
Delano Poplar \$ 1895.00*
 Alternative Container \$
 Outer Burial Container Description
Cemetery \$ 750.00*
 Other Services:
 A. Immediate Burial \$
 B. Direct Cremation \$
 C. Forward/Receive Remains \$
 D. Local Press Notice X 1 \$ 80.00*
 E. Other (specify) TAX \$ 175.50*
 Column Total (B) \$ 3,395.50

Column Total (A) \$ 2,560.00

TOTAL COST OF PREARRANGEMENT Column (A+B) \$ 5,955.50 less 25% off from
 Policy(ies) assigned to fund funeral Policy # 135121 11488.88
funeral Balance 4,466.62 s/p

*EMBALMING: If you selected a funeral that may require embalming, such as a funeral with viewing, you may have to pay for embalming. You do not have to pay for embalming you did not approve if you selected arrangements such as a direct cremation or immediate burial. If we charged you for embalming we will explain why below.

Family preference for funeral with viewing. Other: _____

ACCEPTANCE AUTHORIZATION ACKNOWLEDGMENT and ASSIGNMENT:

The signature of the Purchaser and/or Insured, Provider, and Seller denotes acceptance, authorization and acknowledgment of all elements, covenants and assignments (including assignment of the total death benefits any insurance policy(ies) used to fund this funeral) of this contract. All parties have read and understand this legal agreement.

Insured Leomic VAN WAESBERG Purchaser Pete VAN WAESBERG Phone (504) 641-3069
 Street 3878 Riviera Dr. City SLIDE State LA Zip 70458

Signature of Authorized Representative for Provider _____

Signature of Authorized Representative for Seller Dana Bustin

Dated 5/7/97

NOTICE OF RIGHT TO CANCEL:

Purchaser/Insured, may cancel this transaction at any time prior to midnight of third business day after the date of this transaction. See the attached notice of cancellation form for an explanation of this right.

ADVANCED PLANNING OF LOUISIANA INC.

Funeral Prearrangement Contract

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 Street 3878 Riviera Dr. City SLIDELL State LA Zip 70458
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The Designated Funeral Home "PROVIDER" IS Schoen
 Street 3827 CANAL ST. City NEW ORLEANS State LA Zip 70119
 Phone (504) 482-2111

Basic Services of Director and Staff \$ 1,185.00
 Other Professional Services (specify):
ACARE CAS Key INS \$
B. SANITATION \$ 360.00
 *Embalming \$ 295.00
 Other care of the Deceased (specify) \$
 Funeral Home Facilities and/or Staff Services:
 A. Viewing/Visitation \$ 150.00
 B. Funeral Home Ceremony \$ 495.00
 C. Funeral Service/Other Location \$
 D. Memorial Service \$
 E. Graveside Service \$
 F. Other (specify) Accommodations \$ 55.00*
 G. Other (specify) D/C (4) \$ 20.00*

Transportation Equipment & Drivers:
 A. Transfer of Deceased \$ 210.00
 B. Funeral Vehicle/Hearse \$ 210.00
 C. - Limousines \$
 D. Utility/Service Vehicle \$ 75.00
 E. Other (specify) \$

Casket General Description:
Delano Poplar \$ 1895.00*
 Alternative Container \$
 Outer Burial Container Description
Cemetery \$ 750.00*
 Other Services:
 A. Immediate Burial \$
 B. Direct Cremation \$
 C. Forward/Receive Remains \$
 D. Local Press Notice X \$ 80.00*
 E. Other (specify) TAX \$ 175.00*
 Column Total (B) \$ 3,395.50

Column Total (A) \$ 2,560.00

TOTAL COST OF PREARRANGEMENT Column (A+B) \$ 5,955.50 less 25% off from
 Policy(ies) assigned to fund funeral Policy # 135121 11488.88
Funeral Balance 4,466.62 s/p

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☒ Family preference for funeral with viewing. Other: _____

ACCEPTANCE AUTHORIZATION ACKNOWLEDGMENT and ASSIGNMENT:

The signature of the Purchaser and/or Insured, Provider, and Seller denotes acceptance, authorization and acknowledgment of all elements, covenants and assignments (including assignment of the total death benefits any insurance policy(ies) used to fund this funeral) of this contract. All parties have read and understand this legal agreement.

Insured Leomic VAN WAESBERG Purchaser Pete VAN WAESBERG Phone (504) 641-3069
 Street 3878 Riviera Dr. City SLIDELL State LA Zip 70458

Signature of Authorized Representative for Provider

Signature of Authorized Representative for Seller Dan Buzlin

Dated 5/7/97

NOTICE OF RIGHT TO CANCEL:

Purchaser/Insured, may cancel this transaction at any time prior to midnight of third business day after the date of this transaction. See the attached notice of cancellation form for an explanation of this right.

Security Industrial Insurance Company

DONALDSONVILLE, LOUISIANA

APPLICATION

Agent's Number

Agency Number

1. Proposed Insured/Annuitant - First, Middle, Last Name

6. Plan S P P

Face Amount \$ 4463.00

Leoni VAN Waes berser

☐ Single Premium Whole Life Rider: Face Amount \$ _____

2. Current Age

Sex

Birthdate

Birthplace

81

F

8-18-15

MANDERVILLE, LA

7. Premium Amount

Paid with Application

\$ _____ \$ 4,441.00

Payment Frequency:

☐ Regular Monthly

☐ Check-A-matic

☐ Other

Number of Payments _____

8. Excess Interest Option

(Life Products Only)

9. Owner

10. Beneficiary (Name and Relationship)

Schoen
3827 CANAL
NEW ORLEANS, LA 70119

3. Residence:

Street 3878 Riviera Dr.

City SLIDELL State LA

Zip 70458 Telephone (504) 641-3069

4. Social Security Number

3607 9124

5. Occupation

House wife

Qualifying Questions

ALL QUESTIONS APPLY TO THE PROPOSED INSURED

Give full details for any yes answers to questions 11 through 16 in Remarks

Answer only question 11 for annuity applications

11. Is the policy applied for to replace/change any insurance or annuity in this or any company? Yes ☐ No ☒

15. Do you take any prescribed medications on a regular basis? Yes ☐ No ☒

12. Have you ever:

a. Been treated for alcoholism or drug habits? ☐ ☐

b. Had insurance declined, rated or postponed? ☐ ☒

16. Within the past 5 years have you been examined or been treated by any physician or practitioner? ☐ ☒
If yes, give name and address of attending physician:

DR. WEISS Robert
SLIDELL

13. Have you ever had or been advised that you had:

a. Any disorder of the heart or circulatory system, high or low blood pressure or chest pain? ☐ ☐

b. Diabetes, cancer or tumors? ☒ ☐

c. Any nervous, mental or brain disorder or any dizziness, fainting spells or convulsions? ☐ ☒

d. Any disease or disorder of the digestive system, respiratory system, nervous system or urinary system? ☒ ☐

e. Any disease or disorder of the muscles, bones, or joints? ☐ ☐

17. To the best of your knowledge and belief, are you free from disease? ☐ ☐
If no, give full details in Remarks.

18. Height: ft. 5 in. 7 Weight 125 lbs.

19. Remarks:

14. During the past 5 years, have you been diagnosed by a member of the medical profession as having Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC), or an AIDS related condition? ☐ ☐

Form No. SEC-9606

Continue on Reverse Side

ADVANCED PLANNING OF LOUISIANA INC.

Funeral Prearrangement Contract

Funeral Service Arrangements for: (Insured) Peter W. VAN WAESBERGER
 Street 3878 Biviera Dr City SLIDELL State LA Zip 70458
 Phone (504) 641-3069 Date of Birth 11/7/35 Sex M Age 61 Height 5'8" Weight 162
 Charges are only for those items that you selected or that are required. If Provider is required by law or by a cemetery or crematory to use any items, we will explain the reasons in writing below. (NOTE: Items below marked "N/S" are not selected.)

The Designated Funeral Home "PROVIDER" IS Schoen
 Street 3827 CANAL St. City NEW ORLEANS State LA Zip 70115
 Phone (504) 482-2111

Basic Services of Director and Staff \$ _____
 Other Professional Services (specify):
 A. _____ \$ _____
 B. _____ \$ _____
 *Embalming \$ _____
 Other care of the Deceased (specify) \$ _____
 Funeral Home Facilities and/or Staff Services:
 A. Viewing/Visitation \$ _____
 B. Funeral Home Ceremony \$ _____
 - C. Funeral Service/Other Location \$ 495.00
 D. Memorial Service \$ _____
 E. Graveside Service \$ _____
 F. Other (specify) URN \$ 25.00
 G. Other (specify) Permit \$ 25.00

Transportation Equipment & Drivers:
 A. Transfer of Deceased \$ _____
 B. Funeral Vehicle/Hearse \$ _____
 C. _____ Limousines \$ _____
 D. Utility/Service Vehicle \$ _____
 E. Other (specify) Clergy \$ 75.00

Casket General Description: _____
Crematory \$ 200.00
 Alternative Container \$ _____
 Outer Burial (Container) Description
 - ALTERNATIVE \$ 100.00

Other Services:
 A. Immediate Burial \$ _____
 - B. Direct Cremation \$ 895.00
 C. Forward/Receive Remains \$ _____
 D. Local Press Notice X1 \$ 80.00
 E. Other (specify) TAX \$ 15.75
 Column Total (B) \$ 1,365.75

Column Total (A) \$ 545.00

TOTAL COST OF PREARRANGEMENT Column (A+B) \$ 1,910.75 less 25% from
 Policy(ies) assigned to fund funeral Policy Credit 135122 {477.69} = 1433.00 SP 1361.00

*EMBALMING: If you selected a funeral that may require embalming, such as a funeral with viewing, you may have to pay for embalming. You do not have to pay for embalming you did not approve if you selected arrangements such as a direct cremation or immediate burial. If we charged you for embalming we will explain why below.

Family preference for funeral with viewing. Other: _____

ACCEPTANCE AUTHORIZATION ACKNOWLEDGMENT and ASSIGNMENT:

The signature of the Purchaser and/or Insured, Provider, and Seller denotes acceptance, authorization and acknowledgment of all elements, covenants and assignments (including assignment of the total death benefits any insurance policy(ies) used to fund this funeral) of this contract. All parties have read and understand this legal agreement.

Insured Peter W. Van Waesberger Purchaser Peter W. Van Waesberger Phone (504) 641-3069
 Street 3878 Biviera Dr. City SLIDELL State LA Zip 70458
 Signature of Authorized Representative for Provider _____
 Signature of Authorized Representative for Seller Sara Bushia
 Dated 5/7/97

NOTICE OF RIGHT TO CANCEL:

Purchaser/Insured, may cancel this transaction at any time prior to midnight of third business day after the date of this transaction. See the attached notice of cancellation form for an explanation of this right.

ADVANCED PLANNING OF LOUISIANA INC.

Funeral Prearrangement Contract

Funeral Service Arrangements for: (Insured) Peter W. VAN WAESBERGER
 Street 3878 Biviera Dr City SLIDELL State LA Zip 70458
 Phone (504) 641-3069 Date of Birth 11/7/35 Sex M Age 61 Height 5'8" Weight 162
 Charges are only for those items that you selected or that are required. If Provider is required by law or by a cemetery or crematory to use any items, we will explain the reasons in writing below. (NOTE: Items below marked "N/S" are not selected.)

The Designated Funeral Home "PROVIDER" IS Schoen
 Street 3827 CANAL ST. City NEW ORLEANS State LA Zip 70115
 Phone (504) 482-2111

Basic Services of Director and Staff \$ _____
 Other Professional Services (specify):
 A. _____ \$ _____
 B. _____ \$ _____
 *Embalming \$ _____
 Other care of the Deceased (specify) \$ _____
 Funeral Home Facilities and/or Staff Services:
 A. Viewing/Visitation \$ _____
 B. Funeral Home Ceremony \$ _____
 — C. Funeral Service/Other Location \$ 495.00
 D. Memorial Service \$ _____
 E. Graveside Service \$ _____
 F. Other (specify) URN \$ 25.00
 G. Other (specify) Permit \$ 25.00

Transportation Equipment & Drivers:
 A. Transfer of Deceased \$ _____
 B. Funeral Vehicle/Hearse \$ _____
 C. _____ Limousines \$ _____
 D. Utility/Service Vehicle \$ _____
 E. Other (specify) clergy \$ 75.00

Casket General Description: _____
Crematory \$ 200.00
 Alternative Container \$ _____
 Outer Burial (Container) Description
 — ALTERNATIVE \$ 100.00

Other Services:
 A. Immediate Burial \$ _____
 — B. Direct Cremation \$ 895.00
 C. Forward/Receive Remains \$ _____
 D. Local Press Notice X1 \$ 80.00
 E. Other (specify) TAX \$ 15.75
 Column Total (B) \$ 1,365.75

Column Total (A) \$ 545.00

TOTAL COST OF PREARRANGEMENT Column (A+B) \$ 1,910.75 less 25% from
 Policy(ies) assigned to fund funeral Policy credit 135122 \$477.69 = 1,433.06 SP 1361.00

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 Family preference for funeral with viewing. Other: _____

ACCEPTANCE AUTHORIZATION ACKNOWLEDGMENT and ASSIGNMENT:

The signature of the Purchaser and/or Insured, Provider, and Seller denotes acceptance, authorization and acknowledgment of all elements, covenants and assignments (including assignment of the total death benefits any insurance policy(ies) used to fund this funeral) of this contract. All parties have read and understand this legal agreement.

Insured Peter W. Van Waesberger Purchaser Peter W. Van Waesberger Phone (504) 641-3069
 Street 3878 Biviera Dr. City SLIDELL State LA Zip 70458
 Signature of Authorized Representative for Provider _____
 Signature of Authorized Representative for Seller Sara Bushia
 Dated 5/2/97

NOTICE OF RIGHT TO CANCEL:

Purchaser/Insured, may cancel this transaction at any time prior to midnight of third business day after the date of this transaction. See the attached notice of cancellation form for an explanation of this right.

Security Industrial Insurance Company

DONALDSONVILLE, LOUISIANA

APPLICATION

Agent's Number				Agency Number			
1. Proposed Insured/Annuitant - First, Middle, Last Name <i>Peter W. VAN WAESBERGER JR.</i>				6. Plan <i>SPM</i> Face Amount \$ <i>1433.00</i> <input type="checkbox"/> Single Premium Whole Life Rider: Face Amount \$ <i>1,361.00</i>			
2. Current Age <i>61</i>	Sex <i>M</i>	Birthdate <i>11-7-35</i>	Birthplace <i>New Orleans</i>	7. Premium Amount Paid with Application \$ _____ \$ <i>1,361.00</i> Payment Frequency: <input type="checkbox"/> Regular Monthly <input type="checkbox"/> Check-A-matic <input type="checkbox"/> Other Number of Payments _____			
3. Residence: Street <i>3878 Riviera Dr.</i> City <i>Slidell</i> State <i>LA</i> Zip <i>70458</i> Telephone (504) <i>641-3069</i>				8. Excess Interest Option (Life Products Only)			
4. Social Security Number <i>436-484212</i>				9. Owner			
5. Occupation <i>Retired Sales Manager</i>				10. Beneficiary (Name and Relationship) <i>Schoen</i> <i>3827 CANAL</i> <i>NEW ORLEANS, LA 70119</i>			
Qualifying Questions ALL QUESTIONS APPLY TO THE PROPOSED INSURED Give full details for any yes answers to questions 11 through 16 in Remarks Answer only question 11 for annuity applications							
11. Is the policy applied for to replace/change any insurance or annuity in this or any company?				15. Do you take any prescribed medications on a regular basis?			
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
12. Have you ever: a. Been treated for alcoholism or drug habits? <input type="checkbox"/> <input checked="" type="checkbox"/> b. Had insurance declined, rated or postponed? <input type="checkbox"/> <input checked="" type="checkbox"/>				16. Within the past 5 years have you been examined or been treated by any physician or practitioner? <input type="checkbox"/> <input checked="" type="checkbox"/> If yes, give name and address of attending physician: <i>Dr. Weiss</i>			
13. Have you ever had or been advised that you had: a. Any disorder of the heart or circulatory system, high or low blood pressure or chest pain? <input type="checkbox"/> <input checked="" type="checkbox"/> b. Diabetes, cancer or tumors? <input type="checkbox"/> <input checked="" type="checkbox"/> c. Any nervous, mental or brain disorder or any dizziness, fainting spells or convulsions? <input type="checkbox"/> <input checked="" type="checkbox"/> d. Any disease or disorder of the digestive system, respiratory system, nervous system or urinary system? <input type="checkbox"/> <input checked="" type="checkbox"/> e. Any disease or disorder of the muscles, bones, or joints? <input type="checkbox"/> <input checked="" type="checkbox"/>				17. To the best of your knowledge and belief, are you free from disease? <input checked="" type="checkbox"/> <input type="checkbox"/> If no, give full details in Remarks.			
14. During the past 5 years, have you been diagnosed by a member of the medical profession as having Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC), or an AIDS related condition? <input type="checkbox"/> <input checked="" type="checkbox"/>				18. Height: ft. <i>5</i> in. <i>8</i> Weight <i>162</i> lbs.			
				19. Remarks:			

Form No. SEC-9606

Continue on Reverse Side

(B)

Jacob Schoen
& SON • FUNERAL DIRECTORS

3827 CANAL STREET
504-482-2111

NEW ORLEANS, LA 70119-6036

January 26, 1999

Mr. Peter VanWaesberge
3878 Riviera Drive
Slidell, LA 70458

Itemized bill for the funeral of Mrs. Leomie Givens VanWaesberge

PROFESSIONAL SERVICES & MERCHANDISE SELECTED

Services of Funeral Director and Staff	\$ 1,385.00
Embalming	330.00
Dressing, Casketing & Cosmetology	170.00
Visitation	125.00
Funeral Service	375.00
Prayer cards	15.00
Burial Permit	2.00
Transfer of Remains	210.00
Hearse/Coach and Driver	210.00
Utility Vehicle and Drive	55.00
Sales Tax	233.19
Delano Poplar Walnut Finish Casket	2,521.00
Accommodation Items	55.00

Sub-Total \$ 5,686.19

CASH ADVANCES

St. Louis #3 Cemetery	620.00
Death Certificates -4-	20.00
Press Notices	66.00

Sub-Total 706.00

TOTAL FUNERAL CHARGES

\$ 6,392.19

CREDITS

Security Burial Policy	\$ 300.00
Security Cash Policy	500.00
Security Advance Planning Policy	4,452.89
Prudential Policy	1,986.06
Burial Policy Discount	2,698.00

9.936.95

REFUND DUE

\$ 3,544.76

CHECK #35013

3,544.76

-0-

This is their first offer which I turned down.

Jacob Schoen

& SON - FUNERAL DIRECTORS

3827 CANAL STREET
504-482-2111

NEW ORLEANS, LA 70119-6036

January 26, 1999

Mr. Peter VanWaesberge
3878 Riviera Drive
Slidell, LA 70458

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TOTAL FUNERAL CHARGES \$ 6,392.19

CREDITS

Security Burial Policy	\$ 300.00
Security Cash Policy	500.00
Security Advance Planning Policy	4,452.89
Prudential Policy	1,986.06
Burial Policy Discount	2,698.00
Special Advance Planning Discount	704.14

----- 10,641.09

REFUND DUE
CHECK

=====

\$ 4,248.90
4,248.90

=====

This is the offer I accepted. Please note the difference in the casket price.



3827 CANAL STREET
504-482-2111

NEW ORLEANS, LA 70119-6036

January 26, 1999

Mr. Peter VanWaesberge
3878 Riviera Drive
Slidell, LA 70458

Itemized bill for the funeral of Mrs. Leomie Givens VanWaesberge

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Utility Vehicle and Drive	55.00
Sales Tax	233.19
Delano Poplar Walnut Finish Casket	2,521.00
Accommodation Items	55.00

Sub-Total \$ 5,686.19

CASH ADVANCES

St. Louis #3 Cemetery	620.00
Death Certificates -4-	20.00
Press Notices	66.00

Sub-Total 706.00

TOTAL FUNERAL CHARGES

\$ 6,392.19

CREDITS

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Security Cash Policy	500.00
Security Advance Planning Policy	4,452.89
Prudential Policy	1,986.06
Burial Policy Discount	2,698.00
Special Advance Planning Discount	704.14

----- 10,641.09

REFUND DUE
CHECK

\$ 4,248.90
4,248.90

=====

-0-



3827 CANAL STREET
504-482-2111

NEW ORLEANS, LA 70119-6036

January 26, 1999

Mr. Peter VanWaesberge
3878 Riviera Drive
Slidell, LA 70458

Itemized bill for the funeral of Mrs. Leomie Givens VanWaesberge

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Hearse/Coach and Driver	210.00
Utility Vehicle and Drive	55.00
Sales Tax	233.19
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Accommodation Items	55.00

Sub-Total \$ 5,686.19

CASH ADVANCES

St. Louis #3 Cemetery	620.00
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Press Notices	66.00

Sub-Total 706.00

TOTAL FUNERAL CHARGES

\$ 6,392.19

CREDITS

Security Burial Policy	\$ 300.00
Security Cash Policy	500.00
Security Advance Planning Policy	4,452.89
Prudential Policy	1,986.06
Burial Policy Discount	2,698.00

9.936.95

REFUND DUE

\$ 3,544.76

CHECK #35013

3,544.76

-0-